

**St. Joseph Parks & Recreation Department  
Softball Leagues  
2026 Team Registration Form - MEN'S LEAGUE**

**Registration Dates:** March 16 – April 3, 2026  
**Season Dates:** April 19 – Early July

Registration is by team registration only. *Individual registration is not accepted*. Included with team registration is an 8-game schedule, softballs, and USA team registration. Registration is taken on a "first-come, first-serve" basis.

*Please complete the information below*

TEAM NAME: \_\_\_\_\_  
(Team Name is restricted to only 20 Characters/Letters - If you have more than 20 we will abbreviate your team name)

MANAGER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DAY PHONE: ( ) \_\_\_\_\_ EVENING NUMBER: ( ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

(It will be the manager's responsibility to keep a current address and phone number on file with our department to ensure that you are notified of any changes pertaining to your team.) (ALL PERSONAL INFORMATION IS FOR ADMINISTRATIVE PURPOSES ONLY)

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PAYMENT OPTIONS: Please check one  
 Cash  Check  Credit Card

Please make checks payable to: **Parks & Recreation**

If fees are paid by check, only one check will be accepted, NO Exceptions! We will no longer accept payment from checks made out to the manager or check from each player for their portion.

Required information for all checks: (Cannot accept without this information)

DRIVER'S LICENSE # \_\_\_\_\_ PLACE OF EMPLOYMENT: \_\_\_\_\_  
EXPIRATION DATE: \_\_\_\_\_

CREDIT CARD PAYMENT: You must complete the following information, only if you do not have card present at time of registration.

Credit Card: Please check one  MasterCard  VISA  Discover

Print Cardholders Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

3-digit Authorization Code \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I authorize the Parks, Recreation & Civic Facilities Department to charge \$\_\_\_\_\_ to the above listed credit card account.

\_\_\_\_\_  
Cardholders Signature Date

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(Required if played) 2024 Team Name: \_\_\_\_\_

**Team Class Information** (circle a number) **1 2 3 4**  
(Please rate your team with 1 being the highest and 4 the lowest)

**(Circle League and Night)**

<u>League Name</u>	<u>Nights Available</u>	<u>League Limits</u>	<u>Team Fee</u>
Men's Slow Pitch	Sunday	20	\$400 includes softballs

Special requests will be honored when possible but cannot be guaranteed. LIST:

\_\_\_\_\_  
Manager's Signature:

Office Use Only: Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_

# Softball Leagues 2026 Team Roster Form

PLAYER NAME

PHONE NUMBER

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____
21.	_____	_____
22.	_____	_____
23.	_____	_____
24.	_____	_____
25.	_____	_____